# **Application Data Sheet**

#### APPLICATION INFORMATION

Application Number::

Filing Date::

10/30/03

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Paper

Computer Readable From (CRF)?:: Yes

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Number of Copies of CRF::

Title::

COMPOSITIONS AND METHODS FOR INHIBITING

TRANSLATION OF A CHIMERIC GENE

Attorney Docket Number::

221749

Request for Early Publication?::

Request for Non-Publication?::

No No

Suggested Drawing Figure::

Total Drawing Sheets::

2

Small Entity?::

No

Latin Name::

Variety denomination name::

Petition Included?::

No

Petition Type::

Licensed US Govt. Agency::

National Institutes of Health

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?:: No

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#### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Frederic

Middle Name:: J.

Family Name:: KAYE

Name Suffix::

City of Residence:: Potomac

State or Prov. of Residence:: MD

Country of Residence:: US

Street of mailing address:: 6 Purcell Ct.

City of mailing address:: Potomac

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 20854

Inventor Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Takefumi

Middle Name::

Family Name:: KOMIYA

Name Suffix::

City of Residence:: Osaka

State or Prov. of Residence::

Country of Residence:: Japan

Street of mailing address:: 2-15-4 Ohnodai, Osakasayama

City of mailing address:: Osaka

State or Province of mailing address::

Country of mailing address:: Japan

Postal or Zip Code of mailing address:: 589-0023

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## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number::

23460

Phone::

(312) 616-5600

Fax::

(312) 616-5700

E-mail Address::

mail@leydig.com

#### REPRESENTATIVE INFORMATION

Representative Customer Number 1:: 05318

Representative Customer Number 2::

23460

Representative Designation::

Registration Number::

Representative Name::

**Primary** 

35,243

Carol Larcher

### **DOMESTIC PRIORITY INFORMATION**

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

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### FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name:: Government of the United States of America, represented by

the Secretary, Department of Health and Human Services

Street of mailing address:: Office of Technology Transfer

US

6011 Executive Boulevard, Suite 325

City of mailing address:: Rockville

State or Province of

mailing address:: MD

Country of mailing

address::

Postal or Zip Code of

mailing address:: 20852

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